F12000004303

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SECRETARY OF STARE

C. LEWIS
JUN 17 2014
EXAMPLER

June 2, 2014

VIA US MAIL

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: BETA FINANCE COMPANY INC

Dear Sir or Madam:

On behalf of the above-referenced corporation, enclosed please find the following for filing with the Florida Secretary of State:

- 1. One original (1) and one (1) copy of Change of Registered Agent/Address form;
- 2. \$35 CORP to cover the required filing fee.

Please file immediately the enclosed, and return a file-stamped copy to the undersigned.

If you have any questions regarding this filing, feel free to contact the undersigned directly at (888) 705-7274.

Respectfully,

Leana Gazman

REGISTERED AGENT SOLUTIONS, INC.

1701 Directors Blvd., Suite 300

Austin, TX 78744

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corpord	ation organized under	98, or 617.1508, Florida Statutes, r the laws of the State of Indiana	this
_	- · ·		, or both, in the State of Florida.	
1. The name of	the corporation: BETA FIN	ADVALANCE COMPA	NI 1140	
2. The principa	al office address: 8450 BRO	ADWAY MERI	RILLVILLE, IN 46410	
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 10/2	2/2012 _{Doc}	ument number: F120000043	103
	nd street address of the current rartment of State: (If resigned, er		egistered office on file with the	
	CORPORATION SE	RVICE COMPA	NY	
	1201 HAYS STREET			ALL AN
	TALLAHASSEE, FL	32301-2525		- 第5 3 35第 6
6. The name an (if changed):	nd street address of the new regi	stered agent (if chang	ged) and /or registered office	STA E
	REGISTERED AGEN	IT SOLUTIONS	S, INC.	
	155 Office Plaza Dr.			i i i i i i i i i i i i i i i i i i i
	Tallahassee, FL 323	P.O. Box NOT acceptable		
The street addi			the business office of its register	red agent,
Such change wauthorized by t	vas authorized by resolution du	ly adopted by its boa as been notified in w	ard of directors or by an officer so riting of the change.	o
K	We of an officer or director	Kevin	McKeon, CFO	
I hereby accep I further aggee performance o agent. Or, if it hereby confirm	() i the appointment as registered to camply with the provisions	of all statutes relativ	act in this capacity.	stered 's, I
	ght, Asst. Secretary			
	Typed or Printed Name			

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)